

162081-05-0023

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA	COURT CASE NUMBER CA No. 04-30004-MAP
DEFENDANT Roosevelt Archie	TYPE OF PROCESS Preliminary Order of Forfeiture

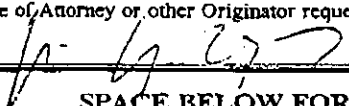
SERVER AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Publication
	ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code)

AND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW: Jennifer H. Zacks, Assistant U.S. Attorney United States Attorney's Office John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, MA 02210	Number of process to be served with this Form - 285 Number of parties to be served in this case Check for service on U.S.A.
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SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

Please publish the attached Notice of Order of Forfeiture at least once for three (3) successive weeks in the Springfield Republican or any other newspaper of general circulation in the District of Massachusetts, in accordance with the attached Preliminary Order of Forfeiture and applicable law.

JMD x3296

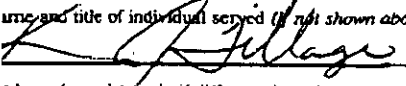
Signature of Attorney or other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (617) 748-3100	DATE November 3, 2005
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

Acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process No. _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

Name and title of individual served (if not shown above): 	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.				
Address (complete only if different than shown above): Bureau of ATF Asset Forfeiture / Seized Property Branch 50 Massachusetts Ave., NW Washington, DC 20226	Date of Service _____	Time _____ am _____ pm			
Signature of U.S. Marshal or Deputy					
Service Fee (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount Owed to US Marshal or	Amount of Refund

REMARKS:

See Arch Proof.

PREVIOUS EDITIONS MAY BE USED

1. CLERK OF THE COURT

FORM USM 285 (Rev. 12/15/80)

☐ USMS RECORD ☐ NOTICE OF SERVICE ☐ BILLING STATEMENT ☐ ACKNOWLEDGMENT OF RECEIPT